

«Market Logo»

«Date»

«Group Name» «Last Name»
«GBA First Name» «GBA Last Name»
«Address Line 1»
«Address Line 2»
«City», «State» «ZIP code»

Notice of proposed premium rate change

Why you are receiving this

«Full Market Name» is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rate(s) for 2023. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

What you need to know

DFS is required by law to review our requested rate change(s). DFS may approve, modify, or disapprove the requested rate change(s).

What you need to do

Please review the following pages to learn more about why we are requesting this change.

Proposed premium rate change(s)

Plan Name	HIOS ID	Proposed Change
«Short Plan Name»	«HIOS ID #»	«%» «more» «less»
«Short Plan Name»	«HIOS ID #»	«%» «more» «less»
«Short Plan Name»	«HIOS ID #»	«%» «more» «less»
«Short Plan Name»	«HIOS ID #»	«%» «more» «less»
«Short Plan Name»	«HIOS ID #»	«%» «more» «less»
«Short Plan Name»	«HIOS ID #»	«%» «more» «less»

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

Why we are requesting a rate change

Health insurance premiums reflect the cost of health care in the communities we serve.

We understand the difficult choices that the rising cost of health care creates. In preparing this request, we considered:

- Anticipated rising costs of our members' medical care
- Unprecedented inflation pressures on unit costs for medical procedures
- Regulatory mandates, taxes, and fees

Visit [«highmark.com/member/bcbswny/forms»](#)
[«highmark.com/member/blueshieldnyny/forms»](#) for a detailed summary about our rate filing and the reasons we are seeking an adjustment.

30-day comment period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate change(s). The comments must be made within 30 days from the date of this notice.

For more information, you can contact us at:

«WNY»

Highmark Blue Cross Blue Shield of Western New York
PO Box 4208
Buffalo, NY 14240

<https://www.highmark.com/bcbswny>
customerservice@bcbswny.com
1-844-639-2441

«NENY»

Highmark Blue Shield of Northeastern New York
PO Box 15112
Albany, NY 12212

<https://www.highmark.com/blueshieldnny>
customerservice@bsnny.com
1-844-639-2440

Comments or requests for more information on the proposed rate change(s) may be submitted to DFS by visiting the DFS website, or via standard mail as follows:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. The appropriate HIOS Plan ID number (see Proposed Premium Rate Change(s) section on previous page)

Written comments submitted to DFS will be posted on the DFS website without your personal information.

Plain English summary of rate change

We have prepared a plain English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

«Full Market Name»: «highmark.com/member/bcbswny/forms»
«highmark.com/member/blueshieldnny/forms»

DFS: **dfs.ny.gov/consumers/health_insurance/health_insurance_premiums**

Notice of approved premium rate

Enclosed is a copy of a notice that employees enrolled in your group plan are required to receive. Please communicate this information to each individual plan subscriber who receives coverage through this group policy.

If you are unable to deliver the notice to your employees, please let us know by contacting your account executive within three (3) days of receipt of this notice.

After DFS approves the final premium rate(s), which may differ from the requested rate(s) noted on page two, you will receive final rate information at least 60 days before your 2023 renewal date.